

**Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

[x] deposited with the United States Postal Service as First Class Mail [ ] transmitted by facsimile to the Patent and Trademark Office.

on the date indicated below in an envelope addressed to the  
Assistant Commissioner for Patents, Washington, D.C. 20231.

**FACSIMILE**

Name of Person Certifying: *Carolyn J. Grappi*

Date: July 18, 2001

*1635*  
*#16*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Cabot et al.,

Assignee: John Wayne Cancer Institute

**RECEIVED**

Serial No.: 09/439,293

Examiner: J. Zara

JUL 27 2001

Filing Date: November 12, 1999

Group Art Unit: 1635

TECH CENTER 1600/2900

Title: Methods of Reversing Drug Resistance in Cancer Cells

Assistant Commissioner for Patents  
Washington, D.C. 20231

**RESPONSE & FEE TRANSMITTAL**

Sir:

In response to the Office Action mailed on January 18, 2001, enclosed herewith for filing are the following:

An Amendment Under 37 CFR § 1.111 [7] page(s)

Also included are:

A Petition for Extension of Time [3] months [2] page(s)

Other:

Return Postcard

<b>Fee Calculation</b>						<b>CALCULATIONS</b>	
<input checked="" type="checkbox"/> The following fees are submitted:							
<b>EXTRA CLAIMS FEE</b>				<b>OTHER THAN SMALL ENTITY</b>	<b>SMALL ENTITY</b>	\$	
<b>CLAIMS</b>	<b>CURRENT #</b>	<b># OF CLAIMS PREVIOUSLY PAID</b>	<b># EXTRA</b>	<b>RATE</b>	<b>RATE</b>	JUL 27 2001	
Total Claims	18-	20	0	× \$18.00	× \$9.00	\$0.0 TECH CENTER 1600/2900	
Independent claims	5-	3	2	× \$80.00	× \$40.00	\$80.00	
<b>MULTIPLE DEPENDENT CLAIM(S)</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$270.00	\$135.00	\$0.0	
Petition for Extension of Time Fee (3 months)						\$445.00	
OTHER FEES _____ ( <i>specify</i> )						\$	
						<b>TOTAL FEES =</b>	<b>\$525.00</b>

- Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- A check in the amount of \$ \_\_\_\_\_ to cover the above fees is enclosed.
- Please charge Deposit Account No. 50-1189, Docket No. 21144-706, in the amount of \$525.00 to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, Docket No. 21144-706. *A duplicate copy of this sheet is enclosed.*

Dated: July 18, 2001

Respectfully submitted,

By: Carol M. GruppiCarol M. Gruppi  
Registration No.: 37,341Mailing Address:

McCutchen, Doyle, Brown & Enersen, LLP  
 Three Embarcadero Center  
 San Francisco, California 94111  
 Telephone: (650) 849-4400  
 Telefax: (650) 849-4800